



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION EXAMINING OPERATIONS

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APR 29 2004

Applicant: Srinivas Kandala Group Art Unit: 2634
Serial No.: 09/614,784 Examiner: Jason M. Perilla
Filed: July 12, 2000
Title: METHOD OF HYBRID SOFT/HARD DECISION DEMODULATION OF
SIGNALS WITH MULTILEVEL MODULATION

OFFICE OF PETITIONS

PETITION FOR EXTENSION OF TIME

Chernoff, Vilhauer, McClung & Stenzel, LLP
1600 ODS Tower
601 SW Second Avenue
Portland, Oregon 97204-3157

April 22, 2004

Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

The applicant in the above-identified patent application hereby petitions the Commissioner of Patents and Trademarks for a THREE month extension of time in accordance with 37 CFR §1.136 to respond to the Office Action therein dated September 9, 2003. The applicant is **not** a small entity and, in accordance with 37 CFR §1.17, a fee in the amount of \$950 is hereby charged to Deposit Account No. 03-1550.

The Commissioner is authorized to charge to Deposit Account No. 03-1550 for the \$950 Extension of Time. The Commissioner is hereby authorized to charge any additional fees, or credit any overpayment, to Deposit Account No. 03-1550.

Respectfully submitted,

Kevin L. Russell
Of Attorneys for Applicant
Tel: (503) 227-5631

04/28/2004 AWONDAF1 00000137 031550 09614784

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PETITION FOR EXTENSION

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/5/04</u>		2 Serial/Patent # <u>09/614,784</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	6	4/26/04	\$ 950							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 950							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table>			0	3	--	1	5	5	0
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>extension filed after extendable period</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>305 9282</u>									
OFFICE: <u>Petitions</u>											
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APPROVED: <u>[Signature]</u>		DATE: <u>5-6-04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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